

Required for verification of supervision or experience accrued in a clinical practicum.

To be submitted with Application Form for Licensure/Upgrade (Form A)

**TEXAS STATE BOARD OF EXAMINERS
OF MARRIAGE AND FAMILY THERAPISTS**

**SUPERVISED CLINICAL PRACTICUM SUPERVISION AND
EXPERIENCE VERIFICATION FORM**

Mail this correspondence (no fees enclosed) to:

Texas State Board of Examiners of Marriage and Family Therapists

Mail Code 1470, P.O. Box 149055

Austin, Texas 78714-9055

Phone: 1-512-834-6657 Fax: 1-512-834-6677 Email: mft@hhsc.state.tx.us

I. Supervisee Information

Name: _____ Application Number: _____ (for board use only)

II. Supervisor/Official University Representative Information

Name: _____ Title: _____

Academic Institution: _____

☐ Yes ☐ No If the applicant is reporting supervision and experience that was accrued during a doctoral program, was the program accredited by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) during the time period in which supervised clinical experience was accrued?

☐ Yes ☐ No If the applicant is reporting supervision and experience that was accrued during a COAMFTE accredited doctoral program, has the applicant submitted his or her doctoral transcript verifying the hours?

III. Verification of Supervision Hours

As the supervisor or as an official representative of the university, I, _____, verify that the above-named supervisee successfully completed the following number of supervision hours in the delivery of marriage and family therapy services (all activities under the scope of practice of marriage and family therapy) during the supervised clinical practicum in a masters or doctoral program in the settings below:

Verification of supervision hours:	HOURS
Hours of Individual Supervision	
Hours of Group Supervision	
Total Hours:	

NOTE: Although the actual total hours of supervision should be reported, no more than 100 hours of supervision accrued during a supervised clinical practicum may be applied toward experience requirements of a Licensed Marriage and Family Therapist.

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IV. Verification of experience hours

Where were the marriage and family therapy services provided?

1. Name of agency where practicum was completed: _____
 Dates: From _____ (DD/MM/YY) to _____ (DD/MM/YY) Total years/months: _____
2. Name of agency where practicum was completed: _____
 Dates: From _____ (DD/MM/YY) to _____ (DD/MM/YY) Total years/months: _____
3. Name of agency where practicum was completed: _____
 Dates: From _____ (DD/MM/YY) to _____ (DD/MM/YY) Total years/months: _____

Total Clinical Practicum Practice hours:

No more than a total of 500 hours of supervised clinical experience accrued in a COAMFTE doctoral program may be applied toward experience requirements of a Licensed Marriage and Family Therapist.

If the master's or non-COAMFTE-accredited doctoral practicum has a minimum of 300 total hours, 150 direct hours, and 75 couple/family hours, no more than a total of 400 excess hours may be applied toward experience requirements of a Licensed Marriage and Family Therapist.

Hours will not be calculated by the board until an upgrade application is submitted.

Of the total hours of professional services:		HOURS	Calculation of hours toward LMFT
How many hours were <i>direct clinical services</i> ?			- 150 = _____ (no more than 400 total excess hours)
How many direct clinical hours were services to <i>couples or families</i> ?.....			- 75 = _____ (no more than 400 hours and no more than direct clinical excess hours)
How many direct clinical hours were services to <i>individuals</i> ?.....			
How many hours were <i>indirect clinical services</i> ?			
Total practice hours (Direct + Indirect):			- 300 = _____ (no more than 400 total excess hours)

V. Signature

I CERTIFY THAT ALL INFORMATION GIVEN ON THIS FORM IS TRUE AND CORRECT.

 Supervisor's or University Representative's Signature

 Date

PRIVACY NOTIFICATION: With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See <http://www.hhsc.state.tx.us/> for more information on Privacy Notification. (Reference: Government Code, Section 552.021, 552.023, 559.003 and 559.004).



FORM VI

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